

Submit to Appropriate
District Office
State Lease -- 6 copies
Fee Lease -- 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

NOV 13 '89

API NO. (assigned by OCD on New Wells)

30-015-26235

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-9739

7. Lease Name or Unit Agreement Name

BBOC STATE

8. Well No.

3

9. Pool name or Wildcat

TURKEY TRACK SR-Q-G-SA

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. Name of Operator

MYCO INDUSTRIES INC. ✓

3. Address of Operator

207 SOUTH 4th. ARTESIA, NM 88210

4. Well Location

Unit Letter D : 990 Feet From The NORTH Line and 990 Feet From The WEST Line

Section 11 Township 19s Range 29e NMPM EDDY County

10. Proposed Depth

2500

11. Formation

QUEEN

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

3360.2 GR.

14. Kind & Status Plug. Bond

BLANKET ✓

15. Drilling Contractor

AFT RIG # 2

16. Approx. Date Work will start

12/01/89

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24 #	375	300	CIRCULATE
7 7/8"	5 1/2"	15.5 #	2500	500	CIRCULATE

10" SPACE SAVER BLOWOUT PREVENTER WILL BE USED.

Post ID-1
11-17-89
New Loc & API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5/15/90
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE W.A. Gressett TITLE CONSULTANT DATE 11/13/89

TYPE OR PRINT NAME W.A. GRESSETT TELEPHONE NO. 748-1471

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

NOV 15 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: